



AFFIDAVIT – CEASING BUSINESS OPERATIONS

State Form 55905 (9-15)

CONNIE LAWSON
SECRETARY OF STATE
AUTO DEALER SERVICES DIVISION
302 W. Washington Street, Room E018
Indianapolis, Indiana 46204-2700
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STATE OF INDIANA } SS:
COUNTY OF _____

I (we) affirm on this date, ____ / ____ / ____ , that dealership, _____
with dealer number _____ , will cease operations effective ____ / ____ / ____.

We understand that we are required to return our permanent dealer plates to the Indiana Secretary of State Auto Dealer Services
Division no later than ten (10) days after the date the dealership ceases operations.

I swear or affirm that the information I have entered on this form is true and correct. I understand that making a false statement on this
form may constitute the crime of perjury.

Signature of Owner, Officer, or Partner	Printed Name of Owner, Officer, or Partner	Date Signed (mm/dd/yyyy)

In witness hereof, I hereunto set my hand and official seal.

Signature of notary		Date (mm/dd/yyyy)
Printed or typed name of notary	County of residence	Commission expiration date (mm/dd/yyyy)

Notary Seal